

2026/27 Sports Committee Funding - Round 1

Form Preview

Sports Committee Funding

* indicates a required field

Application Information

Council supports two Sports Committees in the Clarence Valley. The Clarence and Lower Clarence Sports Committee's make recommendations to Council for the annual allocation of funds for worthy sports projects of a capital nature. The Sports Committees also provide a structure for supporting the activities of sporting organisations.

Online applications for 2026/2027 (Round 1) Sports Committee funding.

Your project start and end dates must be between 3 August 2026 and 30 June 2027.

Incomplete applications and/or applications received after the closing date will not be considered.

APPLICATION CLOSING DATE: 28 July 2026.

Please: Label each uploaded document e.g. 'financial report' and scan multiple pages as one document.

For SmartyGrants help go to <http://applicanthelp.smartygrants.com.au/>

If you have any questions in regards to the eligibility criteria, please contact an **Open Space Officer** on **6643 0200** or **gavin.beveridge@clarence.nsw.gov.au**

Eligibility

Please click on and read the **Sports Committee Funding [Guidelines](#)** before continuing.

Have you read and understood the Guidelines? *

☐ yes ☐ no

Please read the guidelines before continuing

Are you a Good Sports Program Member *

☐ yes ☐ no

Do you have an outstanding Final Report from a previous project? *

☐ yes ☐ no ☐ unsure

If unsure please contact one of our Open Spaces officers on 6643 0200

Have you discussed your proposed project with a Council Officer? *

☐ yes ☐ no

If No, please contact one of our Open Spaces officers on 6643 0200

Unique Code *

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After speaking to a council officer about your project you will be given a code

Contact Details

* indicates a required field

Name of Organisation/Group *

Please use your organisation's legal name.

Address

Address

Primary contact person *

Title

First Name

Last Name

This is the person we will correspond with about this grant

Position held in Organisation/Group *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Alternate phone number *

Must be an Australian phone number.

Organisation/Group email address *

This is the address we will use to correspond with you about this grant.

Is your Organisation/Group *

☐ Non-profit ☐ Incorporated ☐ Registered for GST

ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register

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ABN
Entity Name
ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type [More information](#)
ACNC Registration
Tax Concessions
Main Business Location

Project Details

* indicates a required field

Project title: *

Your title should be short but descriptive

Project Start *

Must be a date and no earlier than 3/8/2026.

Project Finish *

Must be a date and no later than 30/6/2027.

Project Activities *

- | | | |
|---|--|---|
| ☐ amenities block upgrade or replacement | ☐ scoreboard upgrade or replacement | ☐ internal building renovations/improvements |
| ☐ disability access improvements | ☐ shade and / or shelters | ☐ external building renovations/improvements |
| ☐ security improvements | ☐ sports field lighting | ☐ energy efficiency improvements e.g solar |
| ☐ capital equipment purchase | ☐ storage space improvements | ☐ other |
| ☐ fencing | ☐ playing surface upgrades | |

Please provide a short summary of your proposed project. *

Word count:

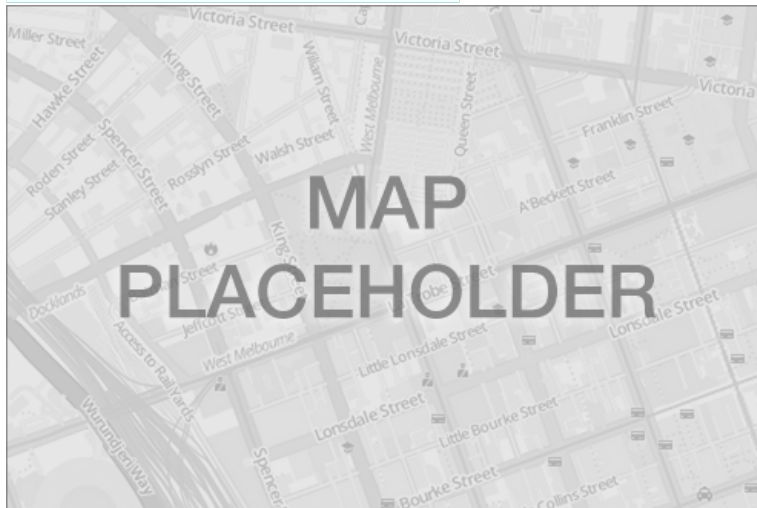
Include a brief summary (max. 50 words) of your project

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Project Location

Address



Who will your Project benefit? *

- | | |
|-------------------------------------|---|
| ☐ Your sport | ☐ Other sporting groups |
| ☐ Women | ☐ Schools |
| ☐ Men | ☐ People with disabilities |
| ☐ Children | ☐ Aboriginal & Torres Strait Islanders |
| ☐ Families | ☐ Other |
| ☐ Seniors | |

This is your target group. You can select more than one group

Number of Registered Players

Must be a number.

Number of registered women/men/children playing your sport

How will your project improve the facilities or participation in your sport? *

e.g. increase participation, protect facilities from vandalism, bring facilities up to current standard etc.

Is your project a recommended action in the Clarence Valley Sports Facility Plan?

☐ yes ☐ no

see link to Clarence Valley Sports Facility Plan below

[CV Sports Facility Plan](#)

Project Planning and Approval

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Capital Works - Is your project of a capital works nature? *

☐ yes ☐ no ☐ not sure

If unsure contact our Open Spaces team on 6643 0200

Is a Development Application (DA) required for this project? *

☐ yes ☐ no ☐ unsure

If unsure please contact our Open Spaces team on 6643 0200 to discuss

Has your Development Application been approved? *

☐ yes ☐ no ☐ not applicable

Assessment Criteria

Have you attended 50% of meetings in the previous financial year? *

☐ yes ☐ no

If yes, please enter number attended *

Risks - Have you identified any WHS issues that will be improved or mitigated by completing this project? *

☐ yes ☐ no

If yes, please note them here: *

If your project is over \$5K you will need to have a work plan for your project.

Please confirm Work Plan status. *

☐ yes ☐ no ☐ not applicable

i.e the work plan explains the project scope, the responsibilities of all parties, the resources, timeline/ deadlines and a procedure of how the completed work will be verified/approved.

Project Work Plan *

Attach a file:

if yes, then please attached your project scope

Project Funding

* indicates a required field

Expenditure Budget

This is what your project will cost to complete

Expenditure

\$

	\$
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	\$
	\$
	\$
	\$
	\$
	\$
	\$

Expenditure Summary

Total Expenditure Amount

\$

This number/amount is calculated.

Please upload your quotes *

Attach a file:

Please attach 2 quotes for expenditure over \$5,000 and 1 quote for expenditure under \$5,000

Income Budget

This is your clubs contribution towards the project

Income

\$

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Income Summary

Total Income Amount

\$

This number/amount is calculated.

Supporting Documentation *

Attach a file:

Include other income sources

In-Kind Contributions

Applicants in-kind contribution can include materials donated such as soil for earthworks or equipment hire, volunteer labour etc. In-kind needs to have an estimated cash value.

In-kind

\$

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	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total In-Kind Supporting documentation

In-kind contributions

In-kind amount

\$

This is your estimated In-Kind value

In-kind support documents

Supporting Documents

Attach a file:

Please upload your inkind working papers

Project cost summary (GST exclusive)

Total Income Amount

\$

This will include any in-kind

Total Expenditure Amount

\$

Total cost of your project

Income - Expenditure

\$

Requested funding amount.
Please note this can only be up to
50% of total project cost

Applicant Capacity

Now that we know about your project, we want to find out more about your ability to undertake the work you propose. Please provide some information about your group that will give us confidence that you can complete the work you've described in this application.

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities or in-kind contributions, etc.) and how you will complete this project within the proposed timelines. Provide information also about any past work that may demonstrate your group's capacity to undertake this work.

Payment of funds

Council prefers to pay approved funds by direct deposit to your Sporting Group's nominated bank account.

- If Council has made payments to you in the past, the funds will be deposited to the bank you have previously nominated unless you advise us of a change in your banking details; or

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- If Council has not previously made any payments to you, we will require details of your bank account. You will be asked to complete a new 'Supplier Information' form and if you do not hold an ABN, a 'Statement by Supplier' form.

Certification

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

☐ Yes

☐ No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation/group (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Privacy Advice

The personal information collected on this form is personal information for the purpose of the Privacy and Personal Information Protection Act 1998 (PPIPA). Clarence Valley Council (CVC) will only use this information in accordance with PPIPA.

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The supply of this information by you is voluntary. If you cannot provide or do not wish to provide the information sought, CVC may be limited in dealing with your request.

You may make application for access or amendment to your personal information held by CVC. CVC will consider any application in accordance with the PPIPA.

CVC is to be regarded as the agency that holds the information.